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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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12-23-99

1C5884 U 12/21/99	UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 042390.P7752
		First Inventor or Application Identifier Alok Sinha
	Title METHOD FOR COMMUNICATING OCCURRENCE OF EVENTS IN A STORAGE MEDIUM Express Mail Label No. EL034433703US	

PTO APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. Specification [Total Pages 20]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 3]

4. Oath or Declaration [Total Pages 4]
a. Newly executed (original copy)
b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR §§ 1.63(d)(2) and 1.33(b).

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. Computer Readable Copy
b. Paper Copy (identical to computer copy)
c. Statement verifying identity of above copies

1C5884 U.S. PRO
12/21/99

ACCOMPANYING APPLICATION PARTS		
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	
9. <input type="checkbox"/> English Translation Document (if applicable)		
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449	<input type="checkbox"/> Copies of IDS Citations	
11. <input type="checkbox"/> Preliminary Amendment		
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
13. <input type="checkbox"/> *Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, Status still proper and desired	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
15. <input type="checkbox"/> Other:	

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS
RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>	or		<input checked="" type="checkbox"/> Correspondence address below		
Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(503) 684-6200	Fax	(503) 684-3245

Name (Print/Type) | Aloysius T.C. AuYeung, Reg. No. 35,432

Signature | 

Date | 12/21/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (2/98)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997.
 Small Entity payments must be supported by a small entity
 statement, otherwise large entity fees must be paid. See
 Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 1,060.00)

Complete if Known

Application Number	Not yet assigned
Filing Date	December 21, 1999
First Named Inventor	Alok Sinha
Examiner Name	
Group/Art Unit	
Attorney Docket Number	042390.P7752

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Charge the Issue Fee Set in 37 CFR § 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE****Large Entity Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$760.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$)	760.00

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
28	5	20 - 3 = 18	8 X 18.00 = \$144.00	
			2 X 78.00 = \$156.00	

Multiple Dependent

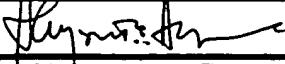
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple Dependent claim, if not paid	
109	78	209	39	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	300.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Typed or Printed Name	Aloysius T.C. AuYeung, Reg. No. 35,432		Reg. Number	
Signature		Date	12/21/99	Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.